

**NOTICE OF AMENDED/RESCINDED ADVERSE ACTION AFTER
RESIGNATION (1000)**

(September 1988)

Employee Name - (SSA #)
Home/Office address (where served)

As a result of your decision to resign effective ____ (date) ____, in lieu of dismissal, the Adverse Action to be effective ____ (date) ____ is rescinded. However, your resignation will be recorded with fault and the Adverse Action will remain on file.

You may file a written appeal with the State Personnel Board, 801 Capitol Mall, Sacramento, CA 95814 to have your record cleared.

Date _____

Signed by person(s) who signed original Notice of Adverse Action and Skelly Hearing Officer.

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